

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90097 046 ****61.25

DOCUMENT # N22859 1. Entity Name MARBELLA CONDOMINIUM ASSOCIATION II, INC.					
Principal Place of Business 9341 COLLINS AVENUE SURFSIDE, FL 33154-2600			Mailing Address 9341 COLLINS AVENUE SURFSIDE, FL 33154-2600		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number 65-0131797	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LADAGA, LEOPOLDO DR. 9341 COLLINS AVENUE #308 SURFSIDE, FL 33154			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME LADAGA, LEOPOLDO DR. STREET ADDRESS 9341 COLLINS AVENUE #308 CITY-ST-ZIP SURFSIDE, FL 33154	<input type="checkbox"/> Delete		TITLE VP NAME Ladaga, Leopoldo Dr. STREET ADDRESS 9341 Collins Avenue #308 CITY-ST-ZIP Surfside, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME OLCHYK, MARIA STREET ADDRESS 9341 COLLINS AVENUE #508 CITY-ST-ZIP SURFSIDE, FL 33154	<input type="checkbox"/> Delete		TITLE P NAME Olchyk, Marta STREET ADDRESS 9341 Collins Avenue #508 CITY-ST-ZIP Surfside, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HEISING, GRACE STREET ADDRESS 9341 COLLINS AVENUE #701 CITY-ST-ZIP SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Delete		TITLE D NAME Napoles, Fidel STREET ADDRESS 9341 Collins Avenue #404 CITY-ST-ZIP Surfside, FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BAENA, JOSE STREET ADDRESS 9341 COLLINS AVENUE #301 CITY-ST-ZIP SURFSIDE, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BLACHAR, JACOBO STREET ADDRESS 9341 COLLINS AVENUE #1101 CITY-ST-ZIP SURFSIDE, FL 33154	<input type="checkbox"/> Delete		TITLE T NAME Blachar, Jacobo STREET ADDRESS 9341 Collins Avenue #1101 CITY-ST-ZIP Surfside, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LEPOUTER, CINDY STREET ADDRESS 9341 COLLINS AVENUE # 908 CITY-ST-ZIP SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Delete		TITLE D NAME Bejar, Jacobo Dr. STREET ADDRESS 9341 Collins Avenue #305 CITY-ST-ZIP Surfside, FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			1/4/07 305-867-5557		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

00003379

2007 Not-For-Profit Corporation Annual Report

Document #N22859

Marbella Condominium Association II, Inc.

Addition Information Page

Section 11:

Title: S

Name: Delphine Mayock-Tricomi

Street Address: 9341 Collins Avenue, #504

City-ST-Zip: Surfside, Florida 33154

Addition: ✓